"Sorting through the evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management (CDSMP) Program"

Summary for KOHP leaders

Background/Methods

Who? Centers for Disease Control and Prevention.

What? A meta-analysis (statistical method of combining results from multiple studies to evaluate effects) of previously published studies or longitudinal program evaluations on CDSMP and/or Arthritis Self-Mangement Program (ASMP). For the purpose of this summary, the results will only include those on CDSMP (called KOHP in Kansas), which included 23 reports.

When? The meta-analysis was conducted in 2010 and included studies published or reports completed between January 1, 1984 and September 30, 2009. These must have:

- been on CDSMP or ASMP (mode of delivery, i.e., in person, online, etc. did not matter)
- been on an intervention that was delivered in an English-speaking country
- conducted as a research-control trial or an evaluation with pre- and post-tests
- included at least one primary outcome, such as energy, fatigue, self-rated health, pain, self-efficacy, health distress, physician visits, or emergency room visits
- been available in English

Why? Although there have been meta-analyses published on outcomes for self-management program participants, no studies have examined exclusively outcomes for participants in either ASMP or CDSMP.

How? Meta-analysis calculates "effect sizes": a measure of change from one data point to the next. For RTCs, this was a difference between ratings given by participants who participated in the workshops and those who did not. For longitudinal studies, this is a difference between baseline (before participation) and each follow-up time point.

Results:

At 4-6 months after participation in the program:

- Moderate increases were seen in general self-efficacy, cognitive symptom management, and communication with physician.
- Small increases were seen in participation in aerobic exercise, energy and self-rated health.
- Moderate decreases were seen in health distress and depression
- Small decreases were seen in social or role limitations and fatigue.

At 9-12 months after participation in the program:

- Moderate increases were seen in cognitive symptom management.
- Small increases were seen in general self-efficacy, participation in aerobic exercise, and participation in stretching and strengthening exercises.
- Moderate decreases were seen in health distress and depression.
- Small decreases were seen in pain, shortness of breath, and social or role limitations.

Why this is interesting:

The effect size increased at 9-12 months for the following areas: participation in stretching and strengthening exercises and cognitive symptom management. This means that 9-12 months after participation in the workshop, people are participating in stretching and strengthening exercises and managing cognitive symptoms more than they were 4-6 months after the workshop.

The effect size decreased (this is good!) at 9-12 months for pain and shortness of breath meaning that, 9-12 months after participation in the workshop, people were experiencing these negative effects at lower levels than they were 4-6 months after the workshop.

Please note that in this meta-analysis, there were no significant findings on health care utilization.

Future directions:

For policy initiatives

- Include CDSMP workshops in comprehensive chronic disease management initiatives
- Invest public and private resources to support wide-scale implementation of CDSMP workshops
- Incorporate referral to CDSMP workshops into care protocols and standards of care
- Use CDSMP workshops as strategy to increase physical activity among people with chronic disease

For public health and clinical practice

- Support wide-scale CDSMP/ASMP workshops implementation for meaningful public health impact
- Community and Health care delivery systems should add CDSMP/ASMP workshops to menu of services
- Encourage CDSMP/ASMP workshops participation as part of routine care for persons with chronic disease
- Provide both generic and disease specific interventions